

OMB Control No. 2050-0072
Approval expires: XX/XX/XX

Paper Work Reduction Act: The public reporting and recordkeeping burden for this collection of information is estimated to average 3.1 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification</p> <p>Name _____</p> <p>Street _____</p> <p>City _____ County _____ State _____ Zip _____</p> <p>SIC Code _____ Dun & Brad Number _____</p>	<p>Owner/Operator Name</p> <p>Name _____ Phone () _____</p> <p>Mail Address _____</p>
	<p>FOR OFFICIAL USE ONLY</p> <p>ID # _____</p> <p>Date Received _____</p>	<p>Emergency Contact</p> <p>Name _____ Title _____</p> <p>Phone () _____ 24 Hr. Phone () _____</p> <p>Name _____ Title _____</p> <p>Phone () _____ 24 Hr. Phone () _____</p>

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 ____ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type	Pressure	Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional																																				
<p>CAS _____ Trade Secret _____</p> <p>Chem. Name _____</p> <p>Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS</p> <p>EHS Name _____</p>	<p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Sudden Release of Pressure</p> <p><input type="checkbox"/> Reactivity</p> <p><input type="checkbox"/> Immediate (acute)</p> <p><input type="checkbox"/> Delayed (chronic)</p>	<p>Max. Daily Amount (code) _____</p> <p>Avg. Daily Amount (code) _____</p> <p>No. of Days On-site (days) _____</p>	<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>													<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>													<table border="1" style="width:100%; height: 40px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>													<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>
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<p>Certification <i>(Read and sign after completing all sections)</i></p> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.</p> <p>_____ Name and official title of owner/operator OR owner/operator's authorized representative</p> <p>_____ Signature</p> <p>_____ Date signed</p>	<p>Optional Attachments</p> <p><input type="checkbox"/> I have attached a site plan</p> <p><input type="checkbox"/> I have attached a list of site coordinate abbreviations</p> <p><input type="checkbox"/> I have attached a description of dikes and other safeguards measures</p>
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